

PTO/SB/122 (08-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF  
CORRESPONDENCE ADDRESS****Application**

Address to:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Application Number	10/611,329
Filing Date	June 30, 2003
First Named Inventor	Sargur SRIHARI
Art Unit	2621
Examiner Name	unknown
Attorney Docket Number	RESP:111US

RECEIVED

CENTRAL FAX CENTER

MAY 28 2004

OFFICIAL

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number: 24041

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		ZIP	
Country					
Telephone			Fax		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06).
- ☒ Attorney or Agent of record. Registration Number 50,476
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number .....

Typed or Printed Name Sumita Chowdhury-Ghosh

Signature

*Sumita Chowdhury-Ghosh*

Date

May 28, 2004

Telephone

(716) 626-1564

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

RECEIVED  
CENTRAL FAX CENTER

MAY 28 2004

**SIMPSON & SIMPSON, PLLC**

5555 MAIN STREET  
WILLIAMSVILLE, NY 14221-5406 US

TELEPHONE (716) 626-1564  
FACSIMILE (716) 626-0366  
WWW.IDEALAWYERS.COM

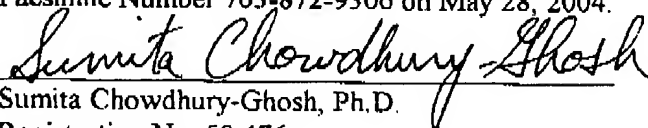
OFFICIAL

**FACSIMILE COVER SHEET**

To: United States Patent and Trademark Office  
Fax #: 703-872-9306  
From: Sumita Chowdhury-Ghosh, Ph.D.  
Date: May 28, 2004  
Pages: 2 (including cover sheet)  
Re: U.S. Patent Application No. 10/611,329  
Filed: June 30, 2003  
For: METHOD AND APPARATUS FOR ANALYZING AND/OR  
COMPARING HANDWRITTEN AND/OR BIOMETRIC  
SAMPLES  
Our Ref. No.: RESP:111US

**MESSAGE:**

I certify that this Correspondence Address Indication Form is being facsimile transmitted to the United States Patent and Trademark Office in accordance with 37 CFR §1.8 to Facsimile Number 703-872-9306 on May 28, 2004.

  
Sumita Chowdhury-Ghosh, Ph.D.  
Registration No. 50,476

**\*IMPORTANT NOTICE\***

The accompanying message is intended only for the use of the individual or entity to which it is addressed and may represent an attorney-client communication or otherwise contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient, any duplication or distribution of this communication is unauthorized and prohibited. If you have received this communication in error, please notify us immediately by telephone and return the entire communication to us at the above address by mail at our expense.

If any part of this fax transmission is missing or not clearly received, please call and ask for AMY (716) 626-1564